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Case report

Substance abuse as a way of life in marginalized gender identity disorder: A case report with review of Indian literature

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ABSTRACT

Persons suffering from gender identity disorder (GID) are often severely marginalized in India and mostly live outside the society as a part of a minority community called the Hijras. Although substance abuse is considered a way of life in them, such patients rarely seek treatment because of the stigma and fear of discrimination. We report a case of GID presenting to tertiary care centre for treatment of multiple substance use dependence (SUD). The case is the first to highlight the use and dependence of multiple substances in the Hijra community of India. Further, the case emphasizes that SUD treatment might be a worthwhile intervention to bring such marginalized population under treatment, when further complicated issues on gender identity can be addressed.

1. Introduction

The roots of gender identity disorder (GID) can be traced to the early works on gender identity by Stoller (1968) writings on transsexualism by Benjamin (1966) and definition of gender-roles by Money (1994). For the western world, GID has reached a full circle, from the first inclusion of Transsexualism in DSM III, renaming to GID in DSM IV, to its current conceptualization in DSM-V (American Psychiatric Association, 2013) as "gender dysphoria" with emphasis on the individual's felt sense of 'gender incongruence'. In the Indian subcontinent (present day South East Asia), GID patients are mostly shunned by society and most take refuge in community of various related sexual minorities called the 'hijras' (Kalra, 2012).

Sexual minorities as compared to general population are also more vulnerable to alcohol and substance use disorders (SUD) putting them at double disadvantage. They are reported to have higher rates of substance abuse, are less likely to abstain and are more likely to continue heavy drinking (McCabe et al., 2010). Substance abuse also increases threat of high risk behaviours in this group with consequent health problems like HIV, HBV and HCV infection (Reback and Fletcher, 2013). Sadly, current SUD treatment programmes are reported not to be sensitive to transgender/transsexual issues (Lombardi, 2007) leaving the trans-people nowhere to go.

The Indian scientific literature summarily neglects patients with GID, except in sporadic case reports from surgical specialties commenting on the procedure of 'sex-change' operation, (Doongaji et al., 1978; Shetty et al., 2004) and HIV research including them under the category of MSM (Men having Sex with Men) (Shinde et al., 2009; Thomas et al., 2009).

Mostly transgender persons referred for psychiatric evaluation prior to sex change surgeries or those brought by family members (Bannerjee et al., 1987; Andrade et al., 1995; Nihalani et al., 1998). In most cases, cross-dressing in childhood; distress about gender identity at an early age; engagement in homosexual acts and ostracization by family-members and society stand out as common themes. The dilemma created by social stigma and its consequences in the form of psychiatric comorbidity, unemployment, high-risk sexual behaviour and alcohol abuse have been specifically highlighted in a recent case report (Kumar and Gupta, 2012).

A number of opinion-based reviews and invited discussions have also been published highlighting the needs of this group. Gupta (2009) and Kalra (2012) discussed the social, psychological, moral and legal issues in management of transgender (TGs) and highlighted the need for endocrinologists and psychiatrists to work together. In a recent article, Math and Seshadri (2013) brought forth the various gaps in dealing with this population, highlighting the absence of legal framework, government policies and human rights.

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Table 1
Review of literature – gender identity disorder studies in India.

Author	Evidence type	Study details	Psychological intervention	Comment
Doongaji et al. (1978)	Case series	12 trans-sexual cases for sex change operation.	All patients were evaluated for IQ, MMPI, EPQ, Rorschach	First reported case series on transsexuals and their psychological profile
Bannerjee et al. (1987)	Case report	One case of a 14 old year boy with GID	Psychiatric evaluation looking into gender identity, gender roles, and sexual preferences	Provides the early developmental history of such cases
Andrade et al. (1995)	Case report	Case report of a 24 year old male with transsexualism and homosexual orientation	Behaviour therapy package comprising relaxation, aversion therapy with aversion relief, modelling, hypnosis, orgasmic reconditioning, behavioural counselling and sex education	Therapy targeted towards normalization of gender identity, which the authors succeeded in achieving, but the homosexual orientation persisted
Nihalani et al. (1998)	Case series	Three cases of GID were reported with different outcomes	Behaviour modification therapy was done in one case	Highlights the need for different therapeutic approaches required in the individual cases
Chakrabarti et al. (1999)	Case report	One case of secondary GID arising during the manic phase of a patient with bipolar disorder	With pharmacological treatment of the manic episode the GID remitted completely	Highlight the need for proper psychiatric evaluation of cases of GID
Bhargava and Sethi (2002)	Case report	A 25 year old male with GID and Schizophrenia	Management of both the condition as comorbidity. Details of therapy not provided	Highlight the need for proper psychiatric evaluation of cases of GID
Harish and Sharma (2003)	Article	Discussion about the legal implication of SRS	NA	Highlights the fact that law does not recognize the reassigned sex after the SRS surgery
Shetty et al. (2004)	Case report	2 cases of transsexualism for SRS	On hormone therapy and seen by psychiatrist. No further details available	Paper describes surgical details
Gupta and Murarka (2009)	Review	Reviews the process of SRS in transsexuals	Highlight the need of referral letters from two mental health professionals	Provides general guidelines for SRS but does not provide GID data
Gupta (2009)	Invited discussion	Discusses the issues with SRS	Indicates need for team work of psychiatrist/psychologist/ endocrinologist and surgeon	Paper represents an overview
Somasundaram (2009)	Discussion	Discussion about the nosology of the tern transgender	None	Article traces the term from ancient Hindu origin till modern nomenclature
Kalra (2012)	Review	Discusses multiple aspects of transsexualism including hormonal and surgical treatment	None	Detailed article that highlights moral, ethical and legal perspectives of treatment of GID. Includes references from multiple books written on the subject from India
Kumar and Gupta (2012)	Case report	Psychological profiling of one patient	Individual and family therapy	One of the few reports from India detailing the psychological profile, stressors and family dynamics of GID patient
Math and Seshadri (2013)	Editorial	Discusses mental health, sexual and legal issues	None	Provides insight into legal problems including court cases

Table 1 summarizes all available literature on GID patients from India.

We report here a case of gender identity disorder associated with multiple substance abuse problems presenting to our tertiary care psychiatry centre, at Delhi, with the aim of bringing the psychological and substance abuse issues of GID patients to limelight.

2. Case report

A 22 years old, VII standard educated, unmarried, Hindu, transsexual belonging to lower socioeconomic status was brought to our centre with complaints of multiple substance use over the last 7 years. Patient had been using Alcohol, Tobacco and Cannabis (bhang) for last 7 years, Dextropropoxyphene for 3 years, Nitrazepam for 1½ years, Heroin for 4 months and Injection Pentazocine for last one month, before clinical contact.

On history taking, it was found that the patient had unambiguous anatomical sex of male at birth. However, as a child, he liked dressing up and behaving like a girl (e.g. dancing) and liked when his mother addressed him as her daughter out of love. Initially, family members took his behaviour in stride, but issues started cropping up as the patient started school when he would resist wearing boy's clothes. Patient preferred playing with girls with preference for stereotypical female activities, such as doll play, skipping, etc. At around 10 years of age, he started growing his hair and expressed explicitly that he wanted to be a girl.

Patient reported being distressed at the onset of puberty as he felt like a girl internally and often wished that he should cut-off his genitalia and dressed as female.

He started alcohol at the age of 16 years as a part of the community behaviour and become dependent in next 6 months.

Six months into alcohol, patient was introduced to 'bhang ki goli' (Cannabis) by his boyfriend for getting high before sex. By the end of the third year in the community, patient was regularly using alcohol in daytime and his bhang consumption increased to around 10 tablets per day.

He started using Capsule Dextropropoxyphene to relieve fatigue and body aches in his new role (Male sex worker) and within a couple of months was using capsule Dextropropoxyphene on daily basis along with alcohol and bhang. On days when he was

unable to get alcohol, patient took Tab. Nitrazepam to relieve withdrawal symptoms. Patient recently started using Injection Heroin and Pentazocine occasionally, as old drugs were not providing him enough high. He thought of many times about seeking treatment from de-addiction centre. He has not consulted any doctor due to fear of humiliation.

During mental status examination, patient reported dysphoria for his gender and wanted to change his sex.

Patient was diagnosed as case of GID with dependence on alcohol, tobacco, cannabis, opioids and benzodiazepines. Patient was managed as an inpatient considering multiple substance dependence, poor psychosocial support, strong peer group, recent shift to a high risk mode of use (injection), and given his poor financial condition. Patient was detoxified for alcohol, benzodiazepines and opioids and put on oral Disulfiram and Naltrexone for long term treatment, along with "relapse prevention" psychotherapy. For issues regarding transsexualism, long term supportive psychotherapy was initiated and patient was referred to Department of Endocrinology for hormone substitution. Patient is currently on 3 months follow up and maintaining therapeutic contact.

3. Discussion

This case highlights several issues clinically seen with GID patients from the eunuch community. First, lack of awareness and acceptance of such individuals pushes them into forming their own sub-cultures, which are often marginalized. Second, seeking help is not a viable option for these individuals due to perceived and real stigma from professionals. Third, patients of GID often consider surgery as the only possible treatment and are unaware of psychological interventions that might significantly decrease their stress. This case brings to forefront how these individuals become vulnerable to abuse of alcohol and other substances that eventually pushes them into sex-trade. Most often, these individuals have unprotected sexual encounters, which renders them vulnerable to acquire HIV or other sexually transmitted illnesses.

In this country where a trans-sexual individual is often an outcast (Math and Seshadri, 2013) where specific guidelines for the management is complicated by ambiguous and often discriminatory laws (Harish and Sharma, 2003) this case calls for the need to develop dedicated multidisciplinary gender management services that will be able to address the myriad of clinical issues that plague them.

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Contributors

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Conflict of interest

None.

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